



City of Neenah
Liquor Licensing Review Subcommittee
(of the Public Services & Safety Committee)
Agenda
Tuesday, March 10, 2026 at 4:30pm
City Hall Council Chambers
211 Walnut Street

- I. [Approval of minutes of December 20, 2025 Meeting.](#)
- II. Public Appearances.
- III. Unfinished Business.
- IV. New Business.
 - A. Review and make a recommendation on the Original "Class B" Combination Alcohol Beverage Retail License Application for AA Signature Bar and Grill, LLC, d/b/a BayPoint Bar and Grill, 944 S. Green Bay Road, Amandeep Kaur, Agent.
- VI. Any announcements/questions for the Committee.
- VII. Adjournment

NOTICE IS HEREBY GIVEN, pursuant to the requirements of Wis. Stats. Sec. 19.84, that a majority of the Neenah Common Council may be present at this meeting. Common Council members may be present to gather information about a subject over which they have decision-making responsibility. This may constitute a meeting of the Neenah Common Council and must be noticed as such. The Council will not take any formal action at this meeting.

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA), the City of Neenah will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. If you need assistance, or reasonable accommodation in participating in this meeting or event due to a disability as defined under the ADA, please call the Clerk's Office (920) 886-6100 or the **City's ADA Coordinator at (920) 886-6110 or e-mail clerk@neenahwi.gov** at least 48 hours prior to the scheduled meeting or event to request an accommodation.

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
 Class "B" Beer \$ _____
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) AA SIGNATURE BAR AND GRILL LLC		
2. Business Trade Name or DBA BAY POINT BAR AND GRILL		
3. FEIN 41-4036493	4. Wisconsin Seller's Permit Number	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 2/3/2026	8. Wisconsin DFI Registration Number A120285
9. Premises Address 944 S GREEN BAY RD.		
10. City NEENAH	11. State WI	12. Zip Code 54956
13. County WINNEBAGO	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: NEENAH	15. Aldermanic District
16. Premises Phone 219-256-3875	17. Premises Email aabaybarwi2026@yahoo.com	18. Website https://baypointbarandgrill.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.		
20. Mailing Address (if different from premises address) W6028 BLAZING STAR DR.		
21. City APPLETON	22. State WI	23. Zip Code 54915

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No
 beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone *
SINGH	SATBIR	OWNER	
KAUR	AMANDEEP	OWNER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name KAUR		First Name AMANDEEP	M.I.
Title OWNER	Email aabaybarwi2026@yahoo.com		Phone 219-256-3875
Signature <i>Amandeep Kaur</i>		Date 2/19/2026	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature	<u>Amandeep Kaur</u>	Date	2/19/2026
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Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

AA SIGNATURE BAR AND GRILL

2. Business Trade Name or DBA

BAY POINT BAR & GRILL

3. Entity Type (check one)

Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

KAUR

2. First Name

AMANDEEP

3. M.I.

4. Email

aabaybar.wi2026@yahoo.com

5. Phone

6. Home Address

W6028 BLAZING STAR DR.

7. City

APPLETON

8. State

WI

9. Zip Code

54915

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name KAUR		First Name AMANDEEP		M.I.
Title OWNER	Email aabaybarwi2026@yahoo.com		Phone	
Signature Amandeep Kaur			Date 2/19/2026	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name KAUR		First Name AMANDEEP		M.I.
Signature Amandeep Kaur			Date 2/19/2026	



**TRANSFERRING LICENSE
BUSINESS TO BUSINESS FORM**

I/We hereby transfer the following licenses to the City of Neenah:

Class B Combination Beer/Liquor/Wine License No. 25-7
Class _____ Beer/Liquor/Wine License No. _____
Other Amusement-6 Machines License No. 25-7
(Cigarette, Amusement, etc.)
Other _____ License No. _____
(Cigarette, Amusement, etc.)

Date licenses transferred _____, _____

License(s) are for the following establishment: (PLEASE PRINT)

Business Name: BayPoint Bar & Grill, Inc.
Doing business as: BayPoint Bar & Grill
Business Address: 944 S. Green Bay Road
City/State: Neenah WI 54956

Signatures: 
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Print Name: Richard Holloway
Print Name: Judith Holloway
Print Name: _____

Notes: This form must be signed by all members of the Corp/LLC/Partnership/Individual prior to issuance of the new license.

I/We hereby accept the transfer the following licenses to the City of Neenah:

Class B Combination Beer/Liquor/Wine License No. 25-7

Class _____ Beer/Liquor/Wine License No. 25-7

Other Amusement-6 Machines License No. _____
(Cigarette, Amusement, etc.)

Other _____ License No. _____
(Cigarette, Amusement, etc.)

Date licenses transferred _____

License(s) are for the following establishment: (PLEASE PRINT)

Business Name: _____

Doing business as: _____

Business Address: 944 S. Green Bay Road

City/State: Neenah WI 54956

Signatures: Amandeep Kaur
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Print Name: AMANDEEP KAUR

Satbir Singh
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

Print Name: SATBIR SINGH

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Print Name: _____

Notes: This form must be signed by all members of the Corp/LLC/Partnership/Individual prior to issuance of the new license.

The licenses listed above were surrendered to me on this 19th day of February, 2026.

Charlotte K Nagel
Charlotte Nagel, City Clerk